MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08803 CERTIFICATE OF DEATH ompletely filled in by the funeral ve corbon popers. Poges 1 and event, within 72 hours after deoth I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Cecido Maryland MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ond give neorest town)
Elkton 7 day North East d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Union Hospital Main Street YES NO. 3. NAME OF Middle lost 4 DATE Month Doy Year DECEASED (Type or print) Christy Rangon May 11 19 66 D. Barrow DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Female Cau. WIDOWED 5 DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Retired COUNTRY? INDUSTRY Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal Benjamin F. Deaver Ladd Fisher 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 14-22-9052 Mrs. Annie Boyd, North East, Md. cremotion, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Gastric hemorrhage IMMEDIATE CAUSE (o) DUE TO signed I buriol-tr buriol, c Unknown Carcinoma of the stomach Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Dept. of Heolth NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (I) (this hospital) attended the deceased fram Sept. 12, saw the deceased alive on May 11, 1900, and that death occurred of 195 to May 11, 1900 that (I) (we) last , and that death occurred at 1:15 MP fram causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESSE 22c. PHYSICIAN'S Main St., Elkton, Md. Ralph Andrews, Jr., M.D. NAME (Type) director, should b 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) May 14.1966 Oakwood Cemetery Conowingo 25b. REGISTRAR'S SIGNATU 24. PUNPRAL DIRECTOR 2So. REC'D BY REGISTRAR

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requires that the death certificate be executed within 24 hours after death.

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100	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	01
FOR STATE	08811 MEDICAL EVAMINED'S CEDTIFICATE OF DEATH	06804
HEALTH DEPT. デキ島 ちま	1. PLACE OF DEATH O. COUNTY Cecil MARYLAND O. STATE O. STATE Delaware	
y deloy is , ond 3 to PM3. Poge art ment of fter death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give Purchase)  Rural -Newark	neorest town)
S 1, 2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  Union Hospital  Newark RD# 2	e. IS RESIDENCE ON A FARM? YES X NO
24 hours after death. If any deloy is in Item 18. Give Poges 1, 2, and 3 to so office along with form PM3. Pages 1 and 2 with the State Department of ny event within 72 hours after death.	3. NAME OF First Middle Lost 4. DATE Month OF OTERASED (Type or print) Gerald T. Borcherdt DEATH May 7,1966	Doy Year
rs after 18. Giv e olong 2 with t	S. SEX Male Mhite Months  Never Married Divorced	
24 hou l ja Item eris offic ges land ony ever	during most of working life, even if retired) Chemist-Market analyst DuPont Col Illinois	ZEN OF WHAT NTRY? USA
I within 24 nn pencil in Exominer's Exominer's File pages and in ony	Frederick H.Borcherdt Lucia Tennyson	
ecuted ing" in edical E ermit. F iovol, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Dorothy M.Borcherdt	
<b>CAL EXAMINER:</b> This certificate should be executed within 24 hexecute the certificate, writing the word "pending" in pencil ja. It, or. Poge 4 should be forworded to the Chief Medical Examiners of for your files. <b>TOR:</b> Page 3 should be used as a buriol-transit permit. File pages 1 canaded agent, prior to burial, cremation, or removal, and in any expected to the contract of the	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  HMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (c)	INTERVAL BETWEEN ONSET AND DEATH
his certificate, writing e forworde be used os to burial, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?  YES NO
AMINER: The certification of t	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year Hour o.m.  20d. INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  (Coun	
₹ 4 ± e e e	p.m. 19 otwork L.1 otwork L.1	, (1111)
Se Se Proposition de la contra del contra de la contra del l	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry,  death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined manner  CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE	and in my apinian  22. DATE SIGNED  5-8-66
TO DEPUTY ME necessary, plea the funeral dire 5 may be retail TO FUNERAL DIR Health or its de	NAME (Type)  John Mc Byers, M.D. Address (Street, city, town, or county)  Address (Street, city, town, or county)  230 RURIAL CREMATION  230 RURIAL CREMATION  230 RURIAL CREMATION  (City or Town)  (City or Town)	Ounty) (Stote)
0 = ± 5 0 ± VR A15ME (5) 6M 1/66	REMOVAL (Specify) May 10, 1966 Head of Christiana Newark, Delawar ADDRESS DATE OF THE PROPERTY OF THE PARTY TO 1966 PROFESSIONAL PROPERTY OF THE PARTY OF THE PAR	NATURE JUST

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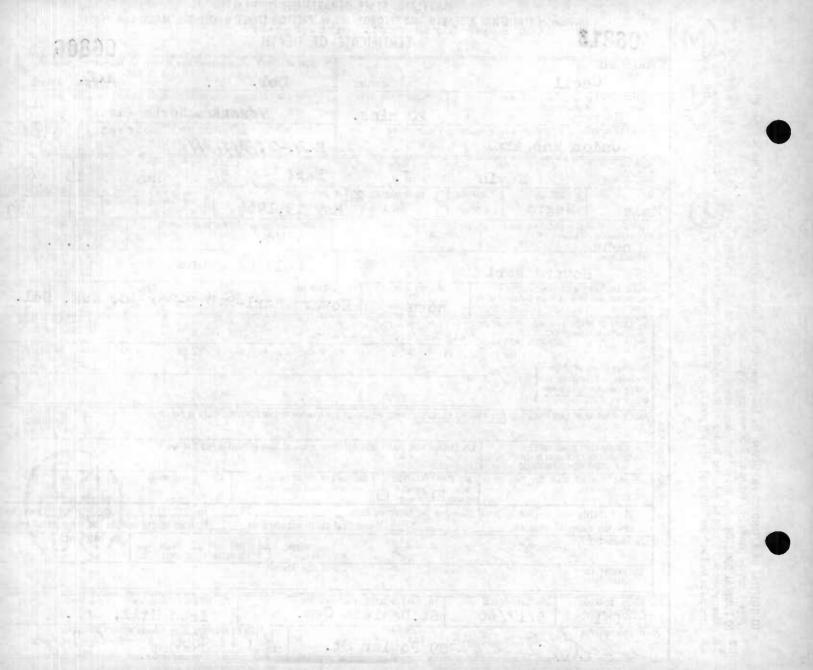
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH funeral and 2 death: death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Cecil b. COUNTY after after of Columbia MARYLAND Pages b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Perry Point, Md. 12 days Washington = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? 24 within Veterans Administration Hospital 1343 Wallach Place. N.W. NO X YES within letely carbon 3. NAME OF First DATE Middle Last 4. Month DECEASED DF event. 66 (Type or print) CRAWFORD DEATH CLINTON NMI 19 May executed SEX 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 9 remov last birthday) Months Days Hours and Male WIDOWED [ DIVORCED 4-25-93 Negro 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even If retired) INDUSTRY death certificate be COUNTRY? Navy Yard Helper Rock Hill, N. Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Then remov Mary Johnson (D) (D) Joseph Crawford ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes nive war or dates of service) VA Hospital Records, Perry Point. Md. 578-46-6613 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. days Cerebral thrombosis IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate h for use Health PERFORMED? NO K YES T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) of detached Dept. S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) a Hour a.m. While Not While fter be at work at work p.m. K 19 66 to May should th the 21. I certify that (this hospital) attended the deceased from. 1966 STREET SWEETING May DIRECTOR: age 3 should lied with the 22b. DATE SIGNED 22a. SIGNATURE page 5-23-66 MED DIRECTOR M.D. PHYS. PHYS. pas O HOSPITAL FUNERAL PHYSICIAN'S director, p 22C. 22d. ADDRESS NAME (Type) GOLDGRABEN, M.D. Hospital, Perry Point, Md. BURIAL, CREMATION, 23b. DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d COCATION (City, town or county) (State) REMOVAL (Specify) 2 Removal 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** D.C. 25a. REC'D BY REGISTRAR Johnson & Jenkins Funeral Home, Washington. VR A15 (4) Actionles Judge 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06813 requires that the death certificate be executed within 24 haurs after death. vletely filled in by the funeral carbon papers. Pages 1 and ent, within 72 haurs after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Cecil MARYLAND. c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East 20 mins. Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENC ON A FARM? Union Hospital YES NO carbon 3. NAME OF Middle 4. DATE Month Day Year and campletely DECEASED 19 66 J. Earl Kevin May (Type ar print DEATH IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours May 13,1966 Negro Male DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? the attending physician isit permit. Then please INDUSTRY Md. signed by the attending physician burial-transit permit. Then please burial, crematian, ar remaval, and none 14. MOTHER'S MAIDEN NAME Owens 13. FATHER'S NAME Howard Earl WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Earl-R.D.2-Box 40, Nwk, Del? (Yes, no, ar unknown) (If ves give wor or dotes af service) noen CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH espiratory Compressing Resp. DUE TO Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause the priar to has been **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law Page 4 may be retained by the haspitol ar attendin 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED2 be detoched for use State Dept. of Health YES I NO O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or lown) 20e. PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. ot work at work 21. I certify that (I) (this hospital) ottended the deceosed from 19 19 ... , that (1) (we) last .\_\_\_. to M, fram causes and on the date stated above. \_\_\_\_\_19\_\_\_\_, and that death accurred at saw the deceased alive an. 22a, SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) 23o. BURIAL, CREMATION, (County) Burial (Specify) St. Daniels Cem. Del. 5/17/66 Iron Hill. ADDRESS 250 RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 909 Poplar St. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06815 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH physician and campletely filled in by the funeral en please remave carban papers. Pages 1 and b COUNTY o. COUNTY o. STATE Cecil Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Elkton, R.D.1 e. IS RESIDENCE ON A FARM? papers. hin 72 ha d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Union Hospital YES NO 3. NAME OF First Middle last 4. DATE Month Year event, with Doy DECEASED Tnice Ella Halev 29 19 66 May (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Hours Aug. 24.1905 White WIDOWED TX Female DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done U.S.A. during most of working life, even if retired)
Housework INDUSTRY Home Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, or remaval Wesley Wyeth Unknown attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) Oxford, Pa. R.D. 1 Mrs.Pauline Prewitt. 217-22-5073A INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) transit **QNSET AND DEATH** PART I. DEATH WAS CAUSED BY: signed by burial-trans IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DHE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO arcinoma, Cervix. Treated with irradiation TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) Hour o.m. Not While at work 21. I certify that (1) (this hospital) attended the deceased from 5-24-, 1960, ta 5-25-, 1966, that (1) (we) last saw the deceased alive an 3-25-66 19, and that death accurred at 11-64 M, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S 123 Singerly NAME (Type) director, shauld b 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) PENOVA (Specify) May, 31, 1966 Galena Cemetery Galena. Md. Kent Co: 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. funeral 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence Defore admission) PLACE OF DEATH a. COUNTY b. COUNTY Cecil. Maryland MARYLAND Pages C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) vrs mos Hagerstown Perry Point IS RESIDENCE ON A FARM? papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS 513 N. Mulberry St., KON event, within YES VA Hospital within etely Day Year carbon NAME OF Middle Last DATE Month First DECEASED 1966 Robert DEATH May 19, (Type or print) L. Harman AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 8 DATE OF BIRTH 5. SEX 7. MARRIEO NEVER MARRIED last birthday) Months | Days Hours any 8 02 Male White WIOOWEO [ DIVORCEOX 12. CITIZEN OF WHAT COUNTRY? = 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) an physician n please val, and ir during most of working life, even if retired) INOUSTRY Hagerstown, Md. U.S.A. RIVETER ATRCRAFT 14. MOTHER'S MAIDEN NAME removal, 13. FATHER'S NAME Garfield J. Harman Carrie R. Brill 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 15. WAS DECEASED EVER IN ILS. ARMED FORCES? ed by the attend transit permit. cremation, or r (Yes. no. or unkown) (If yes give war or dates of service) death 219-12-00-70 VA Hospital Records - Perry Point. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the ONSES AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Acute cerebral hemorrhage physician. signed burial-t burial, **OUE TO** Cerebral arterio - sclerosis vears Conditions. If any, which peen gave rise to Immediate attending **OUE TO** cause (a), stating the underlying cause last. as WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES 3 NO T 0 this cerum detached fo DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 12De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Oay, Year factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. P 21. I certify that 20) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the and that death occurred at 8:40. from the causes and on the date stated above. 22b. OATE SIGNED 22a. SIGNATURE 5 20 66 DIRECTOR 罩 pa HOSPITAL 22d. AODRESS FUNERAL 22c. PHYSICIAN'S director, p should be NAME (Type) GOLDGRABEN. M.D. VA Hospital - Perry Point, Md. (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) OATE THEREOF BURIAL, CREMATION, 23b. REMOVAL (Specify) 2 Hagerstown, Maryland 5/23/66 Rose Hill Cemetery Remova] REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AODRESS 24. EUNERAL DIRECTOR VR A15 (4) Home, Hagerstown, Maryland Rouzer 1/65 fenbarger

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	IVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND
01	3817	CERTIFICATE	OF	DEATH			06910

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Perry	Point		4 yrs 8 m		Keyser		8	7	3
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Watere	Administr		Heant tel		משם # ז	. Box 7			ON A FARM?
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(Type or print) 5. SEX	ISAAC		WALLACE		INSKEEP	DEATH May		26	19 66
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(Yes, no, or unkown)	(If yes give war or dates of servi	ice)				Records, Perry			Ma
Yes	WW I	. 1.	-10-0354		nospital.	Records, Perry	POT		
	DEATH [Enter only one cau	ise per line	for (a), (b), and (c).	1					AL BETWEEN AND DEATH
PARI I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Prob	able vent:	ric	ular fibri	llation		15	minute
420	O DUE TO								
Conditions, If		Arte	riosclero	tic	heart dis	ease		4 3	rears
gave rise to	Immediate (								
cause (a), s	stating the							4 1	
		DNTRIBUTI	NG TO DEATH BUT NO	TRELA	TED TO THE TERMINAL O	DISEASE CONDITION GIVEN IN P	ART 1(a)	[19. V	WAS AUTDPSY
PART II. OTHER Paral 20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO	ysis agitans	(P	arkinson :	Die	0000)			YES	PERFORMED?
200 ACCIDENT	WAS UNDERLYING					f Injury in Part I or Part II of	item 18)		
DR CONTRIBUT	ING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	200. DES	SCRIBE BUW INJURT	DCCU	KKED. (EIILEI HALLIE UI	injury in rail to trail it of	Item 10./		
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20c. TIME DF Hour a.	INJURY Month, Day, Year	4 7 7 3 8 3			CE OF INJURY (Home, fa ry, street, office bldg., e		(Cour	ity)	(State)
nour a.	.m. 19	While at work	Not While at work		,,,				
	fy that (II (this hospital)	attended	the deceased from	m S	ept. 19 1	962 to May 26	1956	Xtha	11) (We) 7a
X 30 PTK ACAN	XXXXXXXXXXXXXXXXXXXXXX	XXXXX	XXXIXXXX and	i that		: 43 M. from the causes a			
22a, SIGNATU		11 11 1	, dire	, filat	death occurred de	C.III	22b. DA	ATE SIGN	IED
	15.11.0111	1. of 8	1-	M.D	ATTENDING	MED. DIRECTOR PHYS.	5-	-26-6	6
22c. PHYSICI	AN'S	THE		WI.D	22d. ADDRESS	DIRECTOR C THIS. ACT			9 7 1 9
NAME (1	B. ROTHER	ID, M	.D.		VA Hosp	ital, Perry Po	oint,	Md.	
347 AUDIN - COE			23c. NAME DF CEM	FTFDV		1 23d. LDCATIDN (City, to			(State)
WEMOVAL (6)	MATIDN, 23b. DATE THER Decify) Mary 29. I	066			ley Mem.P				(0.000)
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24. FUNERAL DIR	Millison	X he			1 33.44	1 - 1 640	ione		10
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VR AIS (4) 20M 1/65

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1	DIVISI	MAI QN OF STATISTICAL RES	RYLAND STATE DE			ORE 1 M/	ADVI AND
# E24	0681	3		E OF DEATH		066	714
ter deal	a. COUNTY	Cecil	MARYLAND	a. STATE MA	CE (Where deceased lived, If b. CO	UNTY	ndence before admission
in by the second forms of	b. CITY OR TO write RURA	OWN (if outside corporate limits, AL and give nearest town)  Perry Point	17 Yrs - 6 Mo	c. CITY OR TOWN (II	outside corporate limits, wburg	write RURAL a	nd give nearest town
	d. NAME OF H	OSPITAL OR INSTITUTION (if not in VA Hospital	hospital, give street address)	d. STREET ADDRESS	1 Box 91		e. IS RESIDENCI ON A FARM? YES NO
within pletely parbon p nt, withi	NAME OF DECEASED (Type or print	First Benne	tt P.	JACKSON		nth ay 29	Day Year
executed within and completely remove carbon p	. sex Male	6. COLOR OR RACE 7. MARRIE WIDOWE	I HEVER MARKIED ES	8. DATE OF BIRTH 9 8 15	9. AGE (In year last birthda) 50 yrs.	S   IF UNDER 1 Months   D	YEAR IF UNDER 24 HR Days Hours Min.
te be exysician a solease re	Fisher	man	KIND OF BUSINESS OR INDUSTRY Fishing	11. BIRTHPLACE (C	ounty & State, or foreign coun	try) 12. CIT	IZEN OF WHAT JNTRY? S.A.
ing ph Then emoval	3. FATHER'S NA	kston Jackson		14. MOTHER'S MAIL			
that the death certificate be sician. ined by the attending physician altransit permit. Then pleased, cremation, or removal, and the sicial states of the second of the se	15. WAS DECEASE Yes, no, or unkown) Yes	(If yes give war or dates of service)		VA Hospital	Records - Pe		nt, Md.
at the dian. d by the ransit percentation	18. CAUSE 0	F DEATH [Enter only one cause per DEATH WAS CAUSED BY: BRO IMMEDIATE CAUSE (a)	line for (a), (b), and (c).] NCHO-PNEUMONIA,	Bilateral			interval between onset and death 3-7 days
	Conditions, It gave rise to cause (a),	o Immediate Stating the DUE TO	ronic Emphysema	, Severe			Years
4: The law all or atten fificate has for use as Health prior	200	R SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISEASE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: the hospita this certifi detached fo b Dept. of H		T WAS UNDERLYING 20b. TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	f Injury in Part I or Part II	of Item 18.)	
d by the After this d be detailed be detailed State De	Hour a		e Not While facto	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 20f. (City or town)	(Count	ty) (State)
Ne 25 Se	21. I cert	tlfy that <b>X</b> () (this hospital) atten		11 12 48 , 1 death occurred at	9 to 5 29 3 a M, from the cause	s and on the	, xtank iix oo oo xaa
OR A DIREC	22a. SIGNAT	Reinamin K	other m.	ATTENDING D	MED. STAFF PHYS.	22b. DAT	5 29 66
TO HOSPITAL OR Page 4 may be for FUNERAL DIRI director, page 3 should be filed a	NAME (	(Type) Benjamin Roth		VA Hosp	ital - Perry		
Pag TO F	3a. BURIAL, CRE REMOVAL (S Remova 24. FUNERAL DII	necity) 5-30-66	33c. NAME OF CEMETERY	National	Ft Myer, V.	a.	
VR AI5 (4) 20M 1/65	AREHART	alast / seine	Maryland	DAJEUN	3 1966	Charles	Judge"

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

OF 8 08819 requires that the death certificate be executed within 24 haurs after death. filled in by the funeral papers. Pages I and thin 72 haurs after de the PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Cec11 b. CITY OR TOWN (If autside carparate limits, MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b write RURAL and give neorest tawn) Elkton min. Conowingo d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Union Hospital YES NO PC within pan 3. NAME OF First Middle Last 4. DATE Month Doy Year DECEASED Infant Johnson OF DEATH May 1966 (Type ar print) S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthdoy) Months Dovs Hours Chine May 1, 1966 Male Col. WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar foreign country) 12. CITIZEN OF WHAT physician en please during most of working life, even if retired) **INDUSTRY** COUNTRY? and Cecil TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, signed by the attending phy ELHER Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service Elmer Johnson, Conowingo, Md. No crematian, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) attending physician DUF TO burial, Conditions, if any, which gove (b) rise ta immediate cause (a), DUF TO stoting the underlying couse as the has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? O FUNERAL DIRECTOR: After this certificate YES T NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram... . 19\_\_\_\_\_, ta\_\_ , 19\_\_\_, that (1) (we) last sow the deceased alive on 19 , and that deoth occurred of M, from couses and on the date stated obove. 22a. SIGNATURE 22b. DATE SIGNED Greolun MED. DIRECTOR STAFF PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Ercolini Gresia, M.D. Union Hospital. directar, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) Zora Cemetery Cecil Burial 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Marles 1966 20 M 1/66

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TO BOTH OF THE PROPERTY AND ADDRESS OF THE PERSON OF THE P

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR AIS (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OCCUPATION OF DEATH

0000	U	O E I I I I I I I I I I I I I I I I I I	- O. PENIII		115811
1. PLACE OF DEAT			a. STATE	E (Where deceased lived, If institution: b. COUNTY	Residence Defore admission)
Cecil	WN (if outside corporate	MARYLAND	India	Na outside corporate limits, write RURA	I and give nearest town)
write RURA	L and give nearest town)	Juajo	C. CITT OR TOWN (II	outside corporate mints, write none	E and give nearest termy
	Point	5 yrs 4 mos.	Evans	ville 5	2 . 3
d. NAME UF HU	DSPITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veter	cans Adminis	tration Hospital	111 J	ohn Street	YES NO
3. NAME OF DECEASED (Type or print)	First ELM	Milato	Last ONES	4. DATE Month DF DEATH May	Day Year 19 66
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IFUNDER 24 HRS.
Male	Negro	WIDOWED DIVORCED	8-18-01	last birthday) Months	Days Hours Min.
10a, USUAL OCCUPA	TION (Give kind of work do	ne 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country)   12.	CITIZEN OF WHAT
Laborer	king life, even If retired)	INDUSTRY	Marylan		U.S.A.
13. FATHER'S NAM	ME		14. MOTHER'S MAID		0.0.2.
77 1			Unkno		
Unknown 15. WAS DECEASED	IL EVER IN U.S. ARMED FORC	ES?   16. SOCIAL SECURITY NO.   17.		Address	
(Yes, no, or unkown)	(If yes give war or dates of se	rvice)			
Yes	WW I		Hospital R	ecords, Perry Poi	
		cause per line for (a), (b), and (c).]			ONSET AND DEATH
PARI I. D	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Broncho-Pneumoni	a, Bilateral		4-7 days
33	2X DUE TO				
Conditions, If		Cerebral Infarction	on (Stroke)		9-10 days
gave rise to cause (a),					
underlying cau		Cerebral arterios	clerosis		
PART II. OTHER		S CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a	) 19. WAS AUTOPSY PERFORMED?
CAT					YES X NO
E 20a. ACCIDENT	T WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury In Part I or Part II of Item 1	1 000
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINE	R)			
A 20c TIME OF	INJURY Month, Day, Ye		ACE OF INJURY (Home, fa	rm.   20f. (City or town) (Co	ounty) (State)
TO 20c. TIME OF Hour a		While Not While fact	ory, street, office bldg., e		
	.m. 19	at work at work	Veren A	75 Man 6	66
21. I certi	ify that XD (this hospital	ail affeilued file deceased itolii-		9 61, to May 6 , 19	90 flesade amelicaes
		CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	it death occurred at	9: My from the causes and on	the date stated above.  DATE SIGNED
22a. SIGNATU	URE /	F 4	ATTENDING -		-7-66
1	marless.	Laurdon M.	D. PHYS.	MED. STAFF DIRECTOR PHYS. 15-	- 1-00
22c. PHYSICI NAME (		E. LAWSON, M.D.	VAH, Per	ry Point, Md.	
23a. BURIAL, CRE REMOVAL (SI	MATION, 23b. DATE THE	EREOF   23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town or c	ounty) (State)
Removal (S	pecity) 5//1/	9/6 Louden Park		Baltimore, Md.	
24. FUNERAL DIR	RECTOR U		yland   25a. REC	C'D BY REGISTRAR   25b. REGISTRA	R'S SIGNATURE
Penning	ton & son P	meral Home, Havre	de GraaMA	Y 11 1966 Schan	les Judge
2	7 - 2 - 1 - 1	110110 110110	as aslenkied.		40

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	06821			CERTIF	ICATE	OF DEATI	Н		06	814	
1.	PLACE OF DEATH a. COUNTY	Cecil		MAR	YLAND	- OTATE	ICE (Where dece	ased lived, If inst b. COUN	TY	idence before admission	1)
	b. CITY OR TOW write RURAL	N (if outside corpora and give nearest tow Perry Poil	te limits, (n)	c. LENGTH OF STA			foutside corporation	orate limits, wri	te RURAL a	nd give nearest town	)
	d. NAME OF HOS	VA Hospite		spital, give street	address)	d. STREET ADDRESS	21 14th	St.		e. IS RESIDENC ON A FARM? YES NO X	
3.	NAME DF DECEASED (Type or print)	Me	rst elvin	Middle Jerome		Last Jones	4. DATE DF DEATH	Month	ay 18,	Day Year 19 66	-
	Male	6. COLOR OR RACE Negro	WIDOWED			DATE OF BIRTH 12 15 90	9.		Months   E	YEAR IF UNDER 24 HR Days Hours Min	
dui	ring most of worki Labo		done 10b. KI	ND OF BUSINESS OF DUSTRY	R	11. BIRTHPLACE (C	county & State, o		12. CIT	IZEN OF WHAT INTRY? U.S.A.	
13	. FATHER'S NAM					14. MOTHER'S MAI	DEN NAME				
		liam (decea				Mary		(deces	sed)		
15 (Y	es, no, or unkown) Yes	EVER IN U.S. ARMED FO (If yes give war or dates o WW I	RCES? 16. ( f service)	ocial securityn 577 38 29	67	NFORMANT VA Hospita	l Recor	Addres		int. Md.	
		DEATH [Enter only on ATH WAS CAUSED BY IMMEDIATE CAUSE	: Mal	ne for (a), (b), and Lignant Ca		1 7 - 1 7 - 1				ONSET AND DEATH	
	Conditions, If a gave rise to cause (a), st	immediate (	(b) Cai	rcinoma Oi	Larg	e Intestin	e (Sple	nic Flex	are)	3-6 Month	8
CERTIFICATION	underlying caus	e last. )	(c) ONS CONTRIBU	TING TO DEATH BUT	NOTRELAT	ED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN F	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	=
	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA IFY MEDICAL EXAMI	TH NER)	ESCRIBE HOW INJ	URY OCCUR	RED. (Enter nature o	of Injury In Par	t I or Part II of	Item 18.)		
MEDICAL	20c. TIME OF I Hour a.m p.n		Year   20d. IN While at work	Not While at work		E OF INJURY (Home, f		City or town)	(Coun	ty) (State)	
	21. I certify	y that AF (this hosp	ital) attende	d the deceased	from	4 26 66	19, to	5 18 66	, 19	that HIN MANAGE	st
	savothedar	comparison co	0000000	cxxx19xxx.	and that	death occurred at_	6Pm M, from	n the causes	and on the	date stated above	e.
	22a. SIGNATUR	RE .			M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DAT	19 66	
	22c. PHYSICIA NAME (Ty	pe) E.E. FO	LK, LII,	M.D.		VA Hosp		Perry Po			=
238	REMOVAL (Spe Remova.	clfy) 1 075 ]	THEREOF L9 66		EMETERY ingto	n Nationa	1 F	t Myer,	Virgi	nia	
24	CHINN	FURTAL HON	E-Ar	ington,	/irgin			366 FC	GISTRARIS		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. deat PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Cecil COUNTY after DISTRICT OF by the Pages 1 MARYLANO b. CITY DR TDWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Perry Point hours 3 mo 18 days Washington ≘. bon papers. within 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET AOORESS ON A FARM? VA Hospital 1818 13th St. N.W. YES ND X within etely completely ve carbon 3. NAME DF Middie Last DATE Day Year remove carbony event, w DECEASED Cleveland 1966 (Type or print) DEATH JORDAN May 6. CDLOR DR RACE 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 5. SEX 8. OATE DF BIRTH NEVER MARRIED Male Negro WIDDWED DIVORCED [ 10a. USUAL DCCUPATION (Give kind of work done i 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician be during most of working life, even if retired) INDUSTRY Laborer N/A Mississippi USA requires that the death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME William Jordan Flav Williams Degeased) Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC IAL SECURITY ND. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 578-16-38-15 WW II VA Hospital Records - Perry Point. cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia, bilateral 7-10 days signed 1 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Carcinoma of the Esophagus 6-10 mas gave rise to Immediate for use as the b Health prior to b DUE TD cause (a), stating the underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY PERFORMED? certificate YES ND T this cerum detached for 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While 19 at work at work p.m. 21. I certify that 40 (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 1:101, from the causes and on the date stated above. and had considered by the baccocces 22b. OATE SIGNED 22a. SIGNATURE 5 27 66 MED.
DIRECTOR page ATTENDING FUNERAL 22d. AOORESS PHYSICIAN'S director, p VA Hospital - Perry Point, Md. GOLDGRABEN (State) BURIAL, CREMATION, 23c. NAME DF CEMETERY OR CREMATORY 23d. LDCATIDN (City/town or county) 2 Hationa Ton REGISTRAR'S SIGNATURE REC'D BY REGISTRAR UNERAL DIRECTOR **ADDRESS** VR A15 (4) Rockville. Maryland Home. 20M 1/65

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. I. I. SECRETARY, I. I.

A Tornitel - Louis Loist, M.

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APPLETANCE OF THE PROPERTY.

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confer Mineral Societies, Parelles Date of 1956 Provide Frederic

M		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	06816
	1. P	LACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If ins	
	a,	Cecil Maryland 6. STATE Maryland	Cecil
1	b	CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write R	JRAL end give neerest town)
1		Bainbridge   2 hrs. 20 min. Rising Sun	07-1
l	d		IS RESIDENCE     ON A FARM?
		Station Hospital, USNTC 211 West Main Str	
1	D	IAME OF First Middle Last 4. DATE Month OF	Dey Yeer
ŀ		(ype or print) Viola Daisy KEELING May	5 1966
ı	S. S	last birthdey)	UNDER 1 YEAR   IF UNDER 24 HRS.
_		emale Caucasian WIDOWED DIVORCED May 5, 1966 yrs.	2 20
	IDa.	USUAL OCCUPATION (Give kind of work during most of working life, even if refired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
-		Cecil County, Marylan	nd U. S. A.
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
1	40 1	Douglas Earl KEELING Jenise Arenthia SPR	ING
ı		no, or unkown   (lifyesgivewerordetesofservice)	
-	-	Hospital Records	I INTERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED 89:	ONSET AND DEATH
		IMMEDIATE CAUSE (6) PREMATURITY	
1		776 X DUE TO	
		Conditions, if eny, which (b)	
		a), steting the underlying DUE TO	
	1-3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN BART 1/- 1/ 10 M/AC AUTORCY
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
1	S -	The second secon	YES NO X
	ERT	PDB. ACCIDENT WAS UNDERLYING     2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.)  DR CONTRIBUTING   CAUSE OF DEATH	
- 1		IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town)	(County) (Stefa)
1	MEDICAL	Hour e.m. While Not While factory, street, office bldg., etc.)	(County) (Store)
		p.m. 19 et work at work	66.
		21. I certify that (I) (this hospital) attended the deceased from 5 May 1006 to 5 May saw the deceased alive on 5 May 1966, and that death occurred at, from the causes at	, 19, that (I) (XXX) las
			nd on the date stated above
		22a. SIGNATURE ATTENDING MED. STAFF	SIGNE
Н		Tohn & M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR	5-6-66
		NAME (Type) John L. NORRISLT MC USNR Station Hospital, US	NTC, Bainbridg
	1.	O O O O O O O O O O O O O O O O O O O	Mds
	23a.	EMOVAL (Specify)	Maryland
5 1	0.4	ADDRESS IZA RECIDENTATION ADDRESS	TRAR'S SIGNATURE
1	24 T	ADDRESS 256. REC'D BY REGISTRAR 256.	orla, Judat

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Item 18. 24 hours

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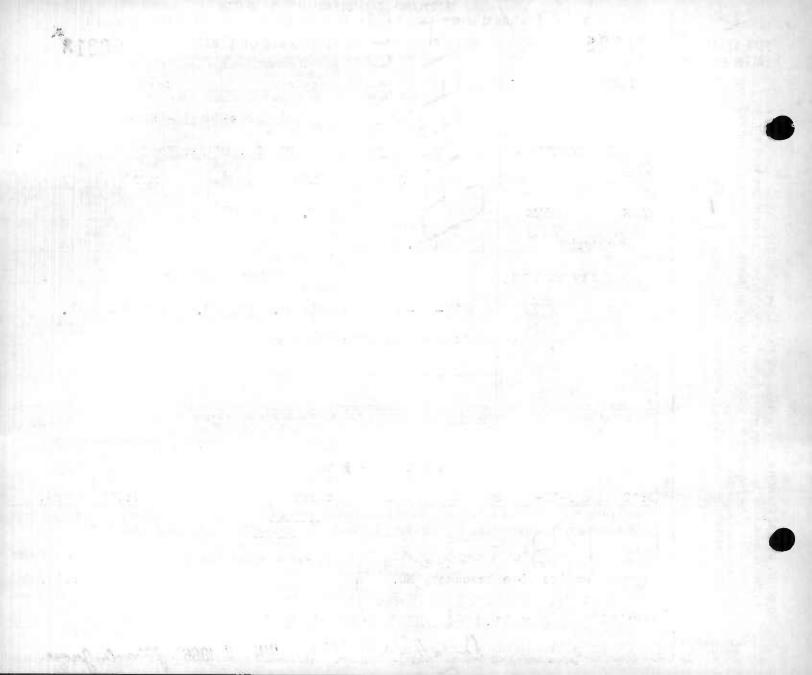
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06825 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY CECIL ELKTON Maryland Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Life Elkton Baltimore-Rural - Elkton d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? UNION HOSPITAL RD #2 219 Miller Road YES 🗍 NO X 3. NAME OF First Middle Last 4. DATE Manth Year DECEASED LEWIS JOHN LEE MAY 27 66 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** last birthday) Manths Davs Sept. 13, WIDOWED DIVORCED MALE WHITE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)
Mechanic AUTO COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Hughes Frank Lee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknawn) (If yes give war ar dates af service 217-09-4348 Lewis J. Lee Jr. Yes Newark. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Multiple traumatic injuries DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) YES X NO 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Pedestrian - auto 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.)
Street Hour o.m. Not While While at wark 3:22 AMp.m. 5-27at wark Cecil 19 66 E1kton Md. 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection . Inquiry , ond in my opinian death resulted from Natural causes . Accident . Suicide , Undetermined manner HamicideXIX CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Rudiger Breitenecker, MD. 5/27/66 **EXAMINER'S** NAME (Type) Address (Street, city, tawn, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE THEREOF (County) (State) Elkton Cemeterv Elkton, Maryland Mav 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending bivision and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

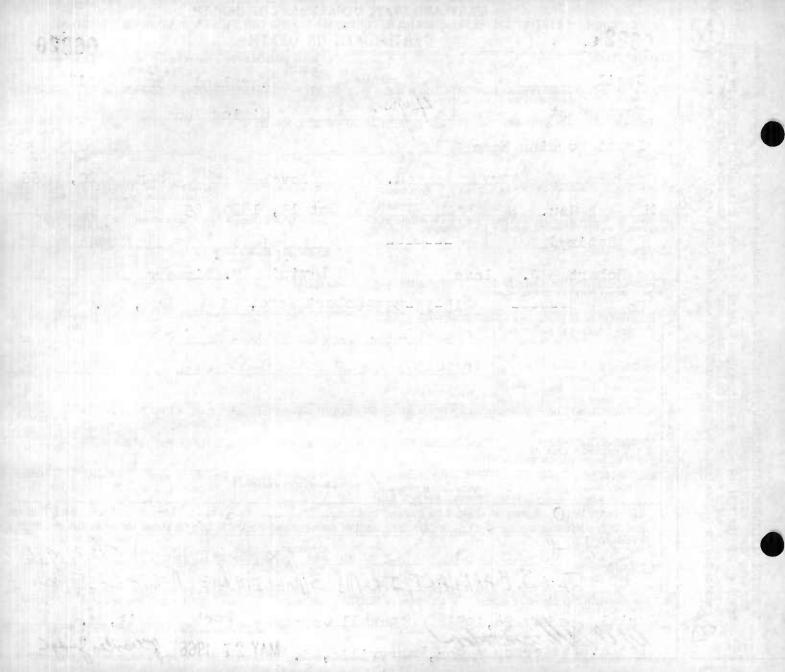
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

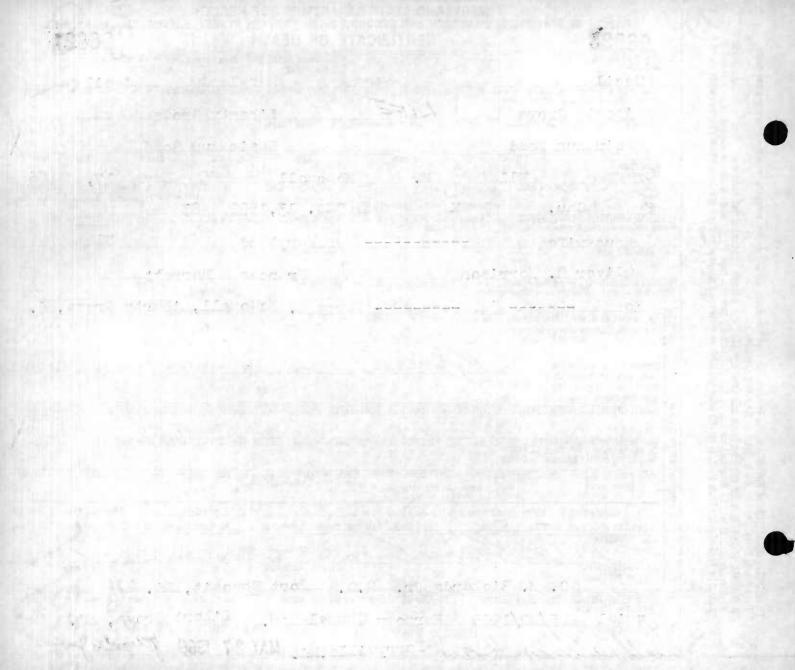
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1. PLACE OF DEAT a. COUNTY	К		2. USUAL RESIDEN	CE (Where deceased	lived, If Institu	tion: Residence	before admission
Cecil		MARYLAND		rict of C		9	/
b. CITY OR TOW Write RURAL	/N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate	limits, write	RURAL and glv	ve nearest tow
	Point	35 days	Washing	ton		47.	3
	SPITAL OR INSTITUTION (If not in i		d. STREET AOORESS			e	ON A FARM?
veterans	Administration	Hospital	3500 Cla	ay Place,	N.E.	)	res No x
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Oay	Year
(Type or print) 5. SEX	SAMUEL	NMI	LIEBER	DEATH	May	16	19 66
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [ 8	B. OATE OF BIRTH			onths   Oavs	Hours   Mir
Male	White WIDOWED		9-12-94	71	yrs.		
during most of work		INDUSTRY	11. BIRTHPLACE (C	County & State, or for	eign country)	12. CITIZEN COUNTRY	?
Printer		Shop	Roumani			U.	S.A.
13. FATHER'S NAM	lE.		14. MOTHER'S MAI	OEN NAME			
Hain	(D)		Celia (	(unk)	(D)		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO.   17.	INFORMANT		Address		
Yes		9-26-2497 VA	Hospital H	Records	Panny	Point	MA
I 18. CAUSE OF	DEATH [Enter only one cause per	7	110000000000000000000000000000000000000				RVAL BETWEEN
	EATH WAS CAUSED BY:	nitis plastica	with ceners	lized Met	actaces	ONIE	ET AND DEATH
	IMMEDIATE CAUSE (a)	HILLE PIEROLCE	WIGH SCHOLO	allaca 11co	ab caber		210210110
151X	OUE TO					770	
Conditions, If							
cause (a), s							
underlying caus	(0)						
PART II. OTHER S  20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO)  20c. TIME 0.1 Hour 0.1	SIGNIFICANT CONDITIONS CONTRIB	UTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL	OISEASE CONDITION	GIVEN IN PAR	RT 1(a)   19.	WAS AUTOPS' PERFORMED? S NO
20a. ACCIDENT	WAS UNDERLYING   20b.	OESCRIBE HOW INJURY OCCU	RREO. (Enter nature o	of Injury In Part I o	r Part II of It	em 18.)	-
OR CONTRIBUTI	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)						
Z 20c. TIME OF		INJURY OCCURRED   20e, PLAC	CE OF INJURY (Home, f	arm,   20f. (City o	r town)	(County)	(State)
Hour a.r		factor	ry, street, office bldg., e		, tomin	(000)	(0,000)
	m. 19 at wor	k at work					
21. I certif	y that XXX (this hospital) attend	led the deceased from Ap	ril 11 , 1	19.66, to M	ay 16.	19_66 th	et-(1)-(we)-12
sawatheaths	DESCRIPCION DE PROPRIO	xxxxxx <del>30</del> xxxxxxand that	death occurred at_	1:4M from th	e causes and	d on the date	e stated abov
22a. SIGNATUI	RE () (0)		1	pm		2b. DATE SIG	
	delle	O M.D	ATTENDING PHYS.		AFF IYS.	5-17-	66
22c. PHYSICIA	N'S T DETIC M D		22d. AODRESS				
NAME (T	ype) I. REUS, M.D.		VA Host	oital, Per	cry Po	int, Mo	1.
23a. BURIAL, CREM	nation, 23b. OATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATIO			(State)
REMOVAL (Spe	eclfy) 5-19-66	Arlington Nat	tional Come	tery. Arli	naton.	Virgin	ia
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	24 hours after death.  Illed in by the funeral apers. Pages 1 and 2.  72 hours after death.	1.	PLACE OF DEATH			2. USUAL RESIDEN		lived, If Institution:	: Residence	pefore admission)
	after of the function of the f		Cecil		MARYLAND	a. STATE	ervland	b. COUNTY	ecil	
	by the Pages urs af		b. CITY OR TOWN	N (If outside corporate limits and give nearest town)	, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporat	e limits, write RUR	AL and give	nearest town)
	in the hour	_	North	East	4915,	R	ising Su	n	07-	. /
	xecuted within 24 hours and completely filled in by emove carbon papers. Pag any event, within 72 hours				t in hospital, give street address)	d. STREET ADDRESS			θ.	IS RESIDENCE ON A FARM?
	- 0.=4//	3	Pratt	Nursing Home	Middle	Last	4. DATE	Month	YE	Year
	executed within and completely remove carbon in any event, with	1	NAME OF DECEASED (Type or print)	Henry	R.		OF DEATH	May	Day	
	comi comi	5	SEX		RIED NEVER MARRIED	8. DATE OF BIRTH	I 9. AGI	(In years IFUND		1966 FUNDER 24 HRS.
	executed and con remove any eve	4)	M	Can Wido	WED DIVORCED	Oct 13.	1880 85	birthday) Months	s Days	Hours Min.
		10 di	a. USUAL OCCUPAT	ION (Give kind of work done   1 ng life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (			CITIZEN O	F WHAT
	ysici pleas pleas		Ret	ired	-	Maryla	and	ין י	ISA	
	g ph	13	. FATHER'S NAMI			14. MOTHER'S MAI	DEN NAME			
	ndin Th	1	Robe	VER IN U.S. ARMED FORCES?	Ve 16. SOCIAL SECURITY NO.   17.	Lavinia	M. Sim	mers Address		
	ath atter rmit, 1, or	0	es, no, or unkown)	(If yes give war or dates of service)	218-18-3536 Ro		Rising		a	
	the ation	=	18. CAUSE OF E	DEATH [Enter only one cause		Del o Dove	• KISIII	, ouns M	INTER	VAL BETWEEN
	ansi ansi rem		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cardiochemat	lipt mo	una.		ONSE	T AND DEATH
	thal sicie gned al-tr		422							
	phy phy puri puri buri		Conditions, if a		ASCND + som	ile heart	disease			
	ding ding beel the or to		cause (a), st	ating the DUE TO						
	law Itten has as prid	NO	PART II. OTHER S		TRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITIO	ON GIVEN IN PART 10	a)  19. \	WAS AUTOPSY PERFORMED?
	or a sate use	CATI							YES	
	PHYSICIAN: The law requires that the death certificate be ending hospital or attending physician.  This certificate has been signed by the attending physician adetached for use as the burial-transit permit. Then please in the Dept. of Health prior to burial, cremation, or removal, and in	CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING 1 20	Db. DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	of Injury in Part I	or Part II of Item	18.)	
	hosp hosp s ce chec chec			NG CAUSE OF DEATH IFY MEDICAL EXAMINER)						
	O W	MEDICAL	20c. TIME OF I		Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, i ory, street, office bldg.,	farm, 20f. (City etc.)	or town) (0	County)	(State)
	te te de	MEI	p.n	n. 19 at	work at work					0
	OR ATTENDING be retained by INECTOR: After ie 3 should be ed with the State				tended the deceased from	at death occurred at	, 10			t (1) (we) last
	ATT ret; 3 sh with		224 SIGNATUR	ceased alive on S	, and the	it death occurred at	- Se Wi, Irom L	225.	DATE SIGN	
	y be DIR age		1	1 Daniela	.M of the	D. PHYS.	MED.	TAFF D 5	123/	1966
	RAL RAL		22c. PHYSICIA NAME (Ty	N'S T S BAL	MILAPTOTOM	ADDRESS	in Aus	MOTH &	not	MI
	TO HOSPITAL OR ATTENDIN Page 4 may be retained in TO FUNERAL DIRECTOR. Af director, page 3 should be should be filed with the S	23	a. BURIAL, CREM	ATION. 23b. DATE THEREOF	23c. NAME OF CEMETER	V OB CREMATORY	23d. LOCATI	ON (City, town or	County)	(State)
	To Parity of	2	REMOVAL (Spe Burial	clfy)		. «		Deposit.	Ma	(31818)
	(8)	7 2	4. FUNERAL DIRE		ADDRESS HODEWell	Cemetery	EC'D BY REGISTRA	R 25b. REGISTR	AR'S SIGNA	TURE
	VR A15 (4)		Lee A.	Patterson &	Son Perryvil	AMA DAMA	27 1968	gelian	es Ju	ye
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3 1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
h.2ª h	06828 CERTIFICATE OF DEATH 06821
hours after death.  d in by the funeral rs. Pages 1 and 2 thours after death.	1. PLACE OF DEATH a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
icate be executed within 24 hours after physician and completely filled in by the in please remove carbon papers. Pages 1 var and in any event, within 72 hours after	Geril Maryland Maryland deal
Page	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hou hou sers.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Liberty Grove  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
n 24 pap hin 7	Basin Run Road Basin Run Road YES ND X
executed within and completely remove carbon In any event, with	3. NAME DF DECEASED First Middle Last 4. DATE Month Day Year OF
ed v ompl	(Type or print) Ella M. McDowell DEATH May 7 1966  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   If under 1 Year   If under 1
ecut move my e	last birthday) Months   Days   Hours   Min.
an a	DIVORCED DEC. 13.1882 83 yrs.   1Da. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
ysici	Housewife Warvland USA
g ph	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
nding rem	Oliver R. Morrison Frances Barrett  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
atte rmit n, or	(Yes, no, or unkown) (If yes give war or dates of service)
the the atio	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
at th an. 1 by ransi	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  California  Cal
s the ysici igne- rial-t	156 DUE TO HILL ON HE CO
luire g ph en s en s bu	Conditions, If any, which gave rise to immediate (b) 11 1/11-16-8.46 (8-11-0 1050016-4-36-5) 1896
v rec andin s be s the ior t	cause (a), stating the underlying cause last.
atte atte ha se a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEQ?
The	YES ND
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or remover, and it is the state Dept.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ND ND ND NOT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSI ne ho this stack Dept	
JING PHYSICIA d by the hosp After this cer d be detached State Dept. o	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19  20d. INJURY OCCURRED De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  A control of the place o
ATTENDING retained by CTOR: After should be vith the Stat	21. I certify that (I) (this hospital) attended the deceased from Jone 1951, to 20712, 1960, that (I) (we) last
Sho sho	saw the deceased alive on 1965, and that death occurred at M, from the causes and on the date stated above.
or be in a sed weed w	M.O. ATTENDING MEO. STAFF STAFF PHYS. STAFF PHYS. STAFF
TAL may VAL	226 PHYSICIAN'S NAME (Type) 22d. ADDRESS
HOSPITAL Page 4 may FUNERAL I director, pag	G. H. Richards Jr. M.D. Port Deposit, Md.
TO HOSPITAL Page 4 may TO FUNERAL director, pa	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial 5/20/1966 Harmony Chapel Cem Libert Grove. Ma
0	Burial 5/20/1966 Harmony Chapel Cem Libert Grove Md Address 25a. Rec'd By Registrar 25b. Registrar's Signature
VR A15 (4) 15M 4-64	Leal Catherin Km. Perryville Ma DAMAY 27 1966 Charles Judge
73M 4-04	



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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. STATE Maryland a. COUNTY b COUNTY deloy is ond 3 to Page Ceci1 death. MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm hours 2208 E. Lombard Street 2208 E.Lombard St. NO X Give Pages 3. NAME OF Middle First 4. DATE Month 29 Yeor 19 66 DECEASED 0F Phillips May Ray Herman within (Type or print DEATH 9. AGE (In years lost birthdoy)
48 yrs. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Months Dovs Haurs Item 18. 0 Male. Cauc. WIDOWED DIVORCED 2/T8/T8 hours ond 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? West Virginia
14. MOTHER'S MAIDEN NAME any d 'pending' in pencil in Chief Medicol Examiner's laborer Owens Boat Co TI S A pages in any 13 FATHER'S NAME be executed within Joseph Phillips Mary Hancock File and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes af service) or removal, 236031901 Elsie Phillips as above yes INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o) This certificate shauld e, writing the word forwarded to the Ch cremation, DUE TO Canditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse OS buriol, o nsed WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES X NO p pe 20g. EXTERNAL CAUSE WAS PRIMARY OF GROOT CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) prior 3 should Found lying in water-had been fishing CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Not While Susquehanna River Md. FUNERAL DIRECTOR: Poge Port Deposit Ceci1 ot wark 5/29 19 66 designated o 21. I certify that I took charge of the remains described above, held on Autopsy XI. Inspection [ Inquiry ond in my opinion Par death resulted fram Natural causes 'Accident X Suicide 1 Hamicide Undetermined monner X CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5/30/66 Russell S.Fisher, M.D. Heolth NAME (Type) Address (Street, city, tawn, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 0 REMOVA (Specify) 6/3/66 Baltimore National Baltimore . Md 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 1966 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Phone - Med Ex. 6/7/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16833
CERTIFICATE OF DEATH

	H		2. USUAL RESIDE	NCE (Where decease	d lived, If Inst	itution: Resid	ence before	admission)
a. COUNTY	Cecil	MANU MAN	a. STATE	bastrae	b. COUNT		COM AND	
a. STATE  b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)  Perry Point, Maryland  d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)  Veterans Administration Hospital  3. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)  White Wilder Dr. SEBSIDE CO. S. SEBSTIAN  3. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)  White Wilder Dr. SEBSTIAN  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (in years) IF UNDER 17 LEAR IF UNDER 1								
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5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH					
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10a. USUAL OCCUPAT	ION (Give kind of work done   1	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE	(County & State, or f		12. CITIZ	EN OF WHA	AT
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(Yes, no, or unkown)	(If yes give war or dates of service)			D 1-			Ar.a	
			VA Hospital	Records -	- Perry			
		per line for (a), (b), and (c).]					NTERVAL B INSET AND	DEATH
PART I, DE	IMMEDIATE CAUSE (a)	Chronic Brain S	Syndrome ass	ociated w	ith			
305	DUE TO	Alzheimer's Dis	sease					
		Bronchopneumon	ia			3.34		
	n last							
PART II. DTHER S		TRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINA	L DISEASE CONDITI	ON GIVEN IN P	ART 1(a)	19. WAS A	UTOPSY
CAT							YES T	NO D
20a. ACCIDENT	WAS UNDERLYING 1 2	Ob. DESCRIBE HOW INJURY DO	CCURRED. (Enter nature	of Injury in Part I	or Part II of	Item 18.)	120	
	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)							
		fa	PLACE OF INJURY (Home, ctory, street, office bldg.	farm, 20f. (City	or town)	(County)		(State)
Hour a.r		While Not While at work	ctory, street, omcobing.	, 6 (0.)				
		tended the deceased from_	9 13 61	19 to 5	27 66	. 19	HACODO	<b>SOPPO</b>
		DOCOCOODEDCE, and t			he causes a	_,,	date state	d above.
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	3 (204	Lesson.	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	5 2	7 66	
22c. PHYSICIA		Val	M.D. PHYS.	DIKECTOR [	rn13.	, ~	-	-
NAME (T)	S. GOLDBRABE	M. D.	VA Hosp	ital, Per	ry Poin	t, Mar	yland	
23a. BURIAL, CREM	MATION, 23b. DATE THEREOF				ION (City, to)			State) /
REMOVAL (Spe	ecify) May 31, 19	166 Washinata	2. National	Siii	Hand	n	anyl	rol
24. FUNERAL OHE	CJOBY / / 25	CALL ADDRESS ///	W. 116 Sk 25a. F	REC'D BY REGISTRA	R   25b. RE	GISTRAR'S S	IGNATURE	1
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after beath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the state Dept.

DIVISION OF STATISTICAL RESE	ARCH AND RECORDS	S, 301 W. PRESTO	N STREET, B	ALTIMORE	1, MARYI	LAND	
06835 Item	CERTIFICAT	E OF DEATH	1		06	828	
1. PLACE DF DEATH a. CDUNTY Cecil	MARYLAND		CE (Where deceased RICT OF CO		ion: Residence	before ad	(mission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	f outside corporate	e Ilmits, write R	URAL and gli	ve neares	t town)
Perry Point	28 hours		ngton		47-	3	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS			6	B. IS RES	IDENCE FARM?
VA Hospital		2395	Elvans Ro	I. S.E.	1		NO X
	G. Shelton	Last	4. DATE OF DEATH	Month May 2		19	66
5. SEX 6. COLOR OR RACE 7. MARRIED  Male Negro WIDOWED		8. DATE OF BIRTH 9-6-95	9. AGE	(In years IFU birthday) Mor yrs.	iths Days	Hours	Min.
	(IND DF BUSINESS OR NDUSTRY	West Vi		reign country)	12. CITIZEN COUNTRY U.S.	77	
13. FATHER'S NAME  John D. Shelton		14. MOTHER'S MAII	DEN NAME				
(Ves no or unknum) ((If was nive war or dates of service)	social security ND. 17. 77-60-58-60	VA Hospital	ords - Perry	Address Point,	Md.		
6 0 0 0 DUE TO	ncho pneumonia			lobes	ONS	RVAL BET EI AND I	DEATH
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  Conditions, If any, which (b) Pye	lo nephritis,	acute, left	kidney.				
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITIO	N GIVEN IN PAR	T 1(a)   19.	WAS AU PERFOR	TDPSY
Chondrosarcoma, residua	l of dorsal sp	ine			YE		ND 🗌
20a. ACCIDENT WAS UNDERLYING   20b. Br CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury in Part i d	or Part II of Ite	m 18.)		
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	Not While - fact	ACE OF INJURY (Home, fory, street, office bldg., e	arm, 20f. (City	or town)	(County)	(S	State)
21. I certify that (this hospital) attend	ed the deceased from		9			<b>SAPPR</b>	
NEW TRANSPORTED TO THE PROPERTY OF THE PROPERT	OCCC 19 and tha	at death occurred at	2:20 M, from th	he causes and	on the dat	e stated	above
22a. SIGNATURE COMMENTO	then M.		MED. S	TAFF E	b. DATE SIG	29 66	5
22c. PHYSICIAN'S Benjamin Roth	V		epital -				
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 6/3/66	23c. NAME OF CEMETER Arlington Na	tional	Ft My	on (city, town er, Virg	ginia		tate)
FRAZIER FUNERAL HOME - 4t	h and Florida	1 11111	C'D BY REGISTRAL		IRAB'S IGN	ATURE	

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND C6836 PLACE OF DEATH CERTIFICATE OF DEATH and 2 death. hours after death. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. a. CDUNTY a. STATE b. COUNTY sician and completely filled in by the 1 lose remove carbon papers. Pages 1 and Iy any event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland. Cecil
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYI AND c. LENGTH OF STAY IN 1b Charlestown Eakthn e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Union Hospital YES ND S OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. 3. NAME OF DATE Day Year First Middle Last Month DECEASED DEATH (Type or print) May 19 66 Smith Howard 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX DATE OF BIRTH last birthday) | Months | Days Hours WIDOWED DIVORCED 58 Cau yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then pleaser COUNTRY? Mgr.-Ser. Sta. employed Maryland TISA 13. FATHER'S NAME MOTHER'S MAIDEN NAME Howard Grace Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Grace H. Smith. Charlestown INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work 19 66 19 Chat (ID (we) last 21. I certify that (D)(this hospital) attended the deceased from. to. and that death occurred at 11:5-PM, from the causes and on the date stated above. 1966 21 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF -23-66 DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S NAME (Type) 22d. **ADDRESS** LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. / DATE THEREOF REMOVAL (Specify) Principio urial 966 Princip Furnace 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 24. 1966 VR A15 (4) 15M 4-64

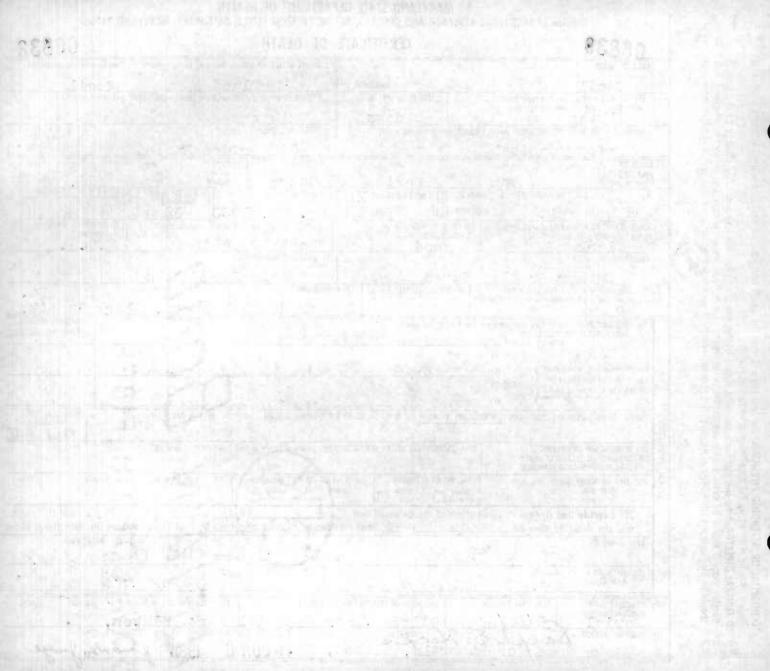
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06837 CERTIFICATE OF DEATH 06830within 24 haurs after death empletely filled in by the funeral ve carban papers. Pages 1 and event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Ceci MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Elkton Elkton Priv d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Belle Hill Union Hospital YES NO TO 3 NAME OF 4 DATE Doy Year DECEASED nce (Type or print) DEATH Mav 5. SEX DATE OF BIRTH . 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR BACE 7 MARRIED NEVER MARRIED remave lost birthdoy) Months Dovs Hours in any WIDOWED Female DIVORCED White 1889 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT law requires that the death certificate bear please during most of working life, even if retired) COUNTRY? INDUSTRY pup Housewife Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys Francis Wesley Hess Mary Elizabeth Atwel 15. WAS DECEASED EVER IN U.S. ARMED FORCE SO 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Charles Allen Elkton crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse has been the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO TO FUNERAL DIRECTOR: After this certificate ro Hospital or ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work L ot work 1966 to Ma. 229, 1966, that (ID(we) last 21. I certify that (I) (this haspital) attended the deceased fram... shauld 1966, and that/death accurred at 93% M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 shauld be filed v DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Elkton Medical Park, oseph 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Townsend. Del. ownsend Cemeterv 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Milarles Md . 20 M 1/66 unerals Elkton. or

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY Cecil hours after by the f Pages 1 irs after Maryland Cecil MARYI AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours 22 days Perryville Rising Sun d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET AODRESS VA Hospital. Perry Point. Md. R.D. 1. NOK YES etely pou NAME OF Middle Last DATE Month Day Year DECEASED WALTER 19 66 (Type or print) J SPURRIER DEATH 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 8. OATE OF BIRTH 7. MARRIED X NEVER MARRIED Male White WIOOWED [ DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done i 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore, Md. Clerk-Typist U.S.A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME n n remova Walter D. Spurrier Annie Malone (Deceaded) Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 50 (Yes. no. or unkown) (If yes give war or dates of service) 218-07-4559 WW I VA Hospital records Perry Point. Md. the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the I-transi by PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute pulmonary edema attending physician. signed burial-to burial, 420 **QUE TO** Focal broncho pneumonia days Conditions, If any, which been gave rise to immediate the r Arteriosclerotic coronary heart disease years DUE TO (a), stating the underlying cause last. Status post laminectomy days has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PEREORMED? certificate YES S NO PHYSICIAN: the hospital this cerum detached fo 20a. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF OEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURREO | 20e. PLACE OF INJURY (Home, farm, ) (County) (State) 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. While Not While After p,m at work at work 4-15-66 19 66 HARYTICKWAYHAM 0 should th the 21. I certify that AD (this hospital) attended the deceased from DIRECTOR: age 3 should led with the atmostha thoras 22b. OATE SIGNED 22a. SIGNATURE 5-8-66 page M.D. PHYS. DIRECTOR PHYS. FUNERAL HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be NAME (Type) Maher wahba Ishak VAH Perry Point, Md. 4 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL-removal 5-8-66 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 2 Baltimore National Baltimore, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR Rising Sun, Md. VR ALS (4) 20M

and sulci in a series of the country of the (Sentered) second class (Sentered) teltura de teche a about particular city. Joseff Dringing Regulation and Property Colors Joseph Croll you was alineated income the confer are selfin many services and services continues of the services and services are services. THE STATE OF THE S

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06833 06832 filled in by the funeral papers. Pages 1 and 2 thin 72 hours after death requires that the death certificate be executed within 24 haurs after death death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY a. STATE Maryland MARYLAND Cecil b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest tawn) davs Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? any event, within 72 503 Bridge Street YES NO TO 6 Union Hospital carbon 3. NAME OF 4. DATE Last Doy Year DECEASED Ann Marie Suggs 19 (Type or print DEATH 9. AGE (In years IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH . IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs White WIDOWED DIVORCED Aug. 22. 1933 Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) **INDUSTRY** COUNTRY? the attending physician sit permit. Then please North Carolina Clerk Food 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remain Luther Bradley Suggs Nonie Lee Jacobs IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Pa: (Yes, no, ar unknown) (If yes give war ar dates of service Luther Rudolph Suggs. Clark Summit crematian, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DRATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUF TO stating the underlying couse Page 4 may be retained by the haspital ar attending has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPSY PERFORMED? NO S O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part 11 af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Haur o.m at wark 21. I certify that (1) (this hospital) attended the deceased fram. , 19 57, ta\_ 5/24, 1964, that (1) (we) tast 1964, and that death accurred at SEP M, fram causes and an the date stated above. saw the deceased alive an 5 22a. SIGNATURE 22b. DATE SIGNED directar, page 3 shauld be filed v DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Wanor Memorial Park. Elichon. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Md Elkt on. 20 M 1/66 DATE Hicks

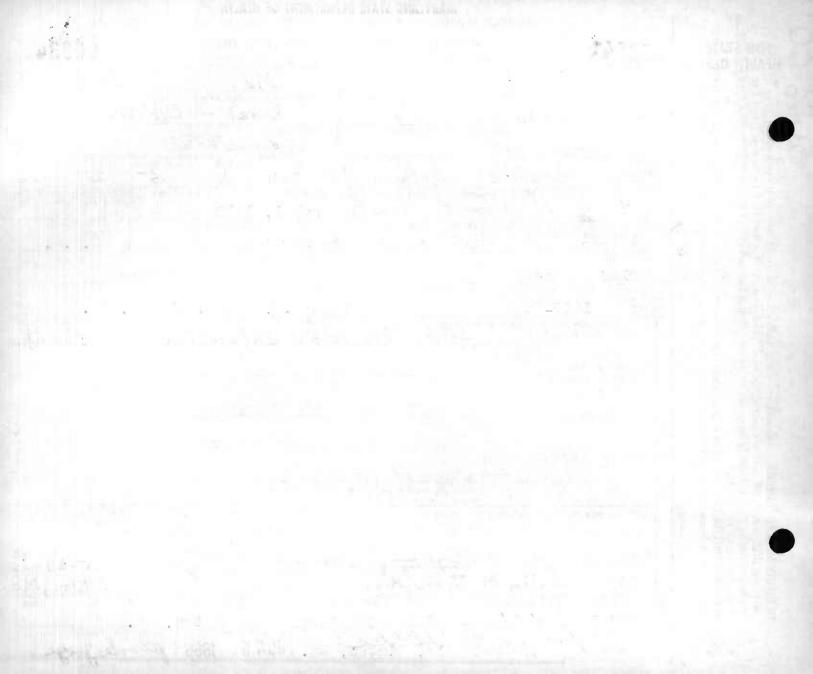


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. CDUNTY a. STATE Maryland b. COUNTY Cecil MARYLAND b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Perry Point AMERICAN Forestville 11 mos. 18 days bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 1917 Berry Lane Veterans Administration Hospital YES NO. within carbon NAME DE First DATE Last Month Day DECEASED 66 (Type or print) ALBERT SWATN 12 THOMAS DEATH May 19 executed 5. SFX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Ist birthday) | Months | Days | Hours | Min. remove 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED Male White WIDOWED DIVORCED 10-13-92 Ξ 10a. USUAL OCCUPATION (Give kind of work done l 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT lease during most of working life, even If retired) INDUSTRY COUNTRY? U.S.A. County School NorthKeys, Maryland BORTO removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then Martha Rawlings John H. Swain 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attencit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address 0 (Yes, no, or unkown) | (If yes give war or dates of service) 225-10-1633 VA Hospital Records, Perry Point, Md. WW INTERVAL BETWEEN DNSET AND DEATH 4-7 days 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), The law requires that the PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral attending physician. days signed burial-tr burial, o Cerebral Arteriosclerosis 10-12 mos. Cenditions, If any, which been gave rise to immediate r to DUE TO cause (a), stating the (c) Arteriosclerosis, generalized underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMED? YES X ND PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of DR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. v 21. I certify that ID (this hospital) attended the deceased from May 29 . 19 65 to May 12 1966, Thereth Iwe know DIRECTOR: age 3 should led with the 22a. SIGNATURE 22b. DATE SIGNED director, page should be filed 5-12-66 DIRECTOR PHYS. M.D. Page 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) ROTHFELD VA Hospital, Perry Point, Md. a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
RAMOVAL BURIAL 5/16/6 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) ethodist Cemete orest Memoriate 2 Forestville. Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ritchie Funeral Home, Marlboro, Maryland DATE VR A15 (4) gelienter Judge 20M 1/65

Il mos. If days Manthagan For sen II . son II Long January Long Long 21 Technic ALINY LA PRINTE Tirred (Tell name on a 1946) anapanipading a Land tel I that inches a localing that CONTRACTOR OF THE RESIDENCE WAS AND RESIDENCE OF THE Designment S/15/65 Schaff-Ramstratory Mozes wille, High 

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 06841 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 2, and 3 to PM3. Page a. STATE b. COUNTY 0 deoth. MARYLAND Deportment b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tow after Tife d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with form hours Dogwood Road Give Poges ate Dogwood Road YES  $\square$ NO X after deoth. 3. NAME OF Middle 4. DATE 5 Year within 72 DECEASED Nanson (Type ar print) DEATH with 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Item 18. Manths Dovs Haurs WIDOWFD DIVORCED March 1 1910 24 hours and 2 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT furing most of working life, even if retired) INDUSTRY COUNTRY? Ordnance Products Maryland \_\_ Laborer the Chief Medical Exominer's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within <u>\_</u> Olaf Swanson Mary Amelia Foracker pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. removol. (Yes, na, or unknawn) Illf yes give wor or dotes of service 1935-38 Frank O. Swanson, Elkton, Md. es 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Myocandial Infanction ONSET AND DEATH 10 IMMEDIATE CAUSE (a) word This certificate should cremation, DUF TO Conditions, if ony, which gove (b) writing the 0 rise to immediate cause (a), DUE TO stating the underlying cause forwarded lost. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificote, NO its designated ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (Stote) factory, street, office bldg., etc.) Nat While FUNERAL DIRECTOR: Page at wark at wark pleose execute 21. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry 1 ond in my opinion Natural causes Accident . death resulted from: Suicide . Homicide Undetermined monner the funeral director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Health NAME (Type) Address (Street, city, town, ar county) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Elkton Elkton 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (6) DAG Charle Hicks 6M 1/66 lkton



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. no completely filled in by the funcial prove carbon papers. Pages 1, and 2 are event, within 72 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please is should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1.	PLACE OF DEAT a. COUNTY . C	ecil		MAI	RYLANO		rginia	b. COU	In YTY	d. C	ity
	Perry Po	/N (if outside corp and give nearest	town)	c. LENGTH OF ST	5		outside cor	porate limits, wi	Ite RURAL	83	-3
				in hospital, give street on Hospital		d. STREET ADDRESS	)2 Fou	ntain A	venue		IS RESIDENC ON A FARM? S NO 2
	NAME DF DECEASED (Type or print)	PURCEI		Middle <b>L</b> •		Last JEHEART	4. DATE OF DEATH			18	1966
	sex Male	6. COLOR OR RA	WIOON		EO 🔲	10-14-26	9.	39 yrs.	Months	Oays	Hours   Min
	Barber		rork done 10 tired)	b. KIND OF BUSINESS (INDUSTRY Same	OR	11. BIRTHPLACE (C	d, Virg		() 12. C	ITIZEN OF DUNTRY?	USA
		TRUEHEAF				14. MOTHER'S MAIO					
15 (Ye	. WAS DECEASED es, po, or unkown)	(If yes give war or da	D FORCES? (tes of service)	226-20-840		INFORMANT Hospital Re	cords	, VAH,		roi	nt, Mo
	PART I. D	DEATH [Enter only EATH WAS CAUSED IMMEDIATE CA	BY:	per line for (a), (b), and Acute Diffu		eritonitis				INTERV ONSET	AND DEATH
	540 Cenditions, If	any, which	OUE TO	Perforated	Gast	ric Ulcer	M.		i ita	6 T	o 12H1
7	gave rise to cause (a), s underlying cau	tating the se last.	(6)	Penetrating							ths(?
CERTIFICATION	PART II. OTHER	SIGNIFICANT COND	OITIONS CONT	RIBUTING TO DEATH BU						YES	VAS AUTOPS ERFORMED? NO
	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF TIFY MEDICAL EX	DEATH	b. OESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature o	f Injury in Pa	art I or Part II			
MEDICAL	Hour a.	INJURY Month, Om. m.	W	od. INJURY OCCURRED Thile Not While work at work	20e. PLA	CE OF INJURY (Home, for ry, street, office bldg., e	etc.)	(City or town)	(Cou	inty)	(State)
				ended the deceased	11 0111	death occurred at	951 , to 2:094) H	5-18- om the causes	and on t	he date :	Stated above
	22a. SIGNATU	Te.	es (3.	10	<b>∞</b> M.0	ATTENDING PHYS.	MED. DIRECTOR	STAFF	22b. D	19-6	ED
	22c. PHYSICI NAME (T	ype) THOMA		HOMPSON, M				- Perry			
238	Keliio Ast		166	IVACIOI		or crematory	Ri	chmond,	Virgi	inia	(State)
24	W. I.		uneral	Home, Richr	nond,			STRAR 25b. R	corle	44	

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06844 06837 requires that the death certificate be executed within 24 hours after death death completely filled in by the funeral ove carbon popers. Poges 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Poges 1 larvland MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carporote limits, c. LENGTH OF STAY IN 1b ve carbón popers. Pog event, within 72 hours write RURAL and give nearest tawn) Elkton Elkton Vrs. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Union Hospital YES | NO X 3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED Walker 66 May 19 Edward (Type or print) DEATH IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH " 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED pleose remove last\_birthday) Months Days White June 16. Male WIDOWED DIVORCED 1900 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? Kentucky roduce Market Owner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME n signed by the ottending physe buriol-tronsit permit. Then poburiol, cremotion, or remand Ruth Andrew Walker 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFÓRMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service Mrs. Beulah H. Walker. Elkton, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ottending physicion. DUE TO Conditions, if ony, which gove Post ob. Prostatectime BPH rise ta immediate couse (o), DUE TO os the stoting the underlying couse hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO Emphy 5 cma O FUNERAL DIRECTOR: After this certificate by the hospital or for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Hour o.m factory, street, affice bldg., etc.) ATTENDING 21. I certify that (I) (this haspital) attended the deceased fram\_\_\_\_ 5- 9-, 1960, ta 5-20, 1966, that (1) (we) last be retoined saw the deceased alive on 5-25- 186, and that death accurred at 8:2012M, fram causes and an the date stated above. 22b. DATE SIGNED 22a. SIBNATURE STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN O HOSPITAL NAME (Type) director, pa should be f 123 Sinserly 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) Elkton, Gilpin Manor Memorial 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Md. Elkton.